

The coffee was administered cold with a view to prevent emesis—very strong, and in small quantity. The effect produced was almost immediate and radical. The *modus operandi* is left a subject for further investigation.

The phenomena which were presented while the system was under the influence of the narcotic were unusual, and they can only be accounted for by reference to the strange anomalies to which the nervous system is sometimes subject.

The view I have taken of this subject has led me to believe that there is a principle in the coffee bean that will, when thoroughly understood and correctly applied, go far towards disarming opium of many of its fearful effects.

There is another fact worthy of consideration, that both the influence of the morphia and coffee are observed upon a person in good health, and unaccustomed to the habitual use of either. This may possibly furnish some data for their therapeutical application.

It is a record of oriental history, that to those persons who use opium as a means of intoxication, coffee is the most highly valued beverage. This they drink strongly concentrated and unmixed after their habitual debauch of opium eating. It has been a common practice, from time immemorial, and the source of its celebrity depends upon the circumstance of its dissipating the lingering effects of their favourite indulgence. This well established fact in connection with the remedial agency it exerted in the foregoing case, brings me to the conclusion, that a further investigation of this subject will result in much useful knowledge.

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ART. IX.—*On a Form of Sore Mouth peculiar to Nursing Women.* By FREDERICK F. BACKUS, M. D., of Rochester, New York. (Communicated in a letter to Dr. Henry Bond of Philadelphia.)

DURING a practice of 24 years in this city, I have every year met with many cases of a *sore mouth*, which is, without any doubt, peculiar to *nursing women*. It has been much more obstinate in its character, during some seasons, than others, although it is always a very troublesome complaint; to the patient one of great suffering, to the physician one of much perplexity. Why it should be more obstinate some seasons, I have never been able to discover, but such has been my experience. This complaint frequently shows itself during the last months of gestation, and oftentimes a course of medicine then adopted and carefully pursued, prevents a *severe* attack of it after confinement. When occurring after confinement, as it most usually does, it makes its appearance at different periods in different individuals, sometimes appearing within the week, and onward from that time to two,

three and six months. The accession of the disease is often very rapid from apparent health. It often, for instance, comes on violently in the evening, while during the day there had been no appearance of it, and the patient was well, and, it might be, actively engaged in household matters, had taken no unusual food into the stomach, and was not suffering from any unusual irregularity of the stomach or bowels. It comes on at other times gradually, with slight ulceration of the tongue or fauces, with a general soreness of the latter part following. *As to the subjects* of this peculiar sore mouth, it is, in the first place, confined to *females*, no *man* ever had it, or ever will. It attacks all classes of females who are *nursing*, or who have advanced to the *latter months of pregnancy*, and none others. As to the general health of the subjects of it, I may say that no class of females are exempt from it. I have very often seen it in those of the most robust constitutions, who have ever enjoyed good health, and who have never been dyspeptic, or troubled with acidity of the stomach, or any other derangement of the alimentary canal. I think, however, that females of a leucophlegmatic temperament and of dyspeptic habits, with habitually *slow bowels*, are perhaps more liable to attacks of it than others. But none are exempted from it, no matter how fine their health. In the onset of the disease, it seems local, but after a continuance for months without permanent relief, I have no doubt the same morbid irritation, that exists upon the tongue and fauces, does affect the œsophagus, stomach and bowels generally; these are the cases that terminate fatally. But often as a *local* disease, it will resist an active, local and constitutional treatment for months without *permanent* relief, the appetite still remaining *good*, and the functions of the stomach and bowels in a normal state. The *children* of females labouring under this form of disease, are uniformly healthy and robust, as they are usually well supplied with food from the mother, as the secretion of milk is commonly *very large*, until in the last stages when, the patient becoming reduced by starvation, the milk fails.

*Symptoms.*—As I have before observed, the accession of the disease is often sudden, extremely so; in three hours time, after seeing your patient in health, you may find her with a scalded tongue and fauces, and unable to converse or take food. The first sensation of the patient, (referring to the tongue,) is that of *scalding*. They uniformly so describe it; the pain is often intense, like a severe scald. The colour of the tongue is very peculiar, being *pink*, the edges of the tongue and roof of the mouth have a deeper hue of this colour, accompanied with a most profuse watery discharge from the mouth, extremely hot, so much so as to give a scalding sensation to the face when passing over it. The appetite is usually very good, often ravenous, but no food or drinks except the blandest can be taken into the mouth without producing the most intense pain. The food must be of a mucilaginous or farinaceous character. After a continuance of this state of the mouth for a few weeks, there appear slight ulcerations on

the end or edges of the tongue, and about the fauces in different parts. Sometimes the disease commences with slight ulcerations on the end and edges of the tongue, and this general scalding of the tongue and fauces follows. The bowels are usually constipated, or soon become so; no fever, but oftentimes excessive irritation of the whole system, in consequence, probably, of the want of rest, as the continued pain of the fauces, and the excessive and constant flow of burning saliva, prevent any comfortable rest night or day; tongue always free from any coat.

*Treatment.*—I have, for the most part, treated the disease as arising from a vitiated state of the secretions of the stomach, kept up in some unknown manner, by the process of lactation; although in a great many cases I have had no reason to believe the stomach much disordered, for the patient three hours before might have been perfectly well. I formerly gave emetics, cathartics of calomel, or milder ones of blue pill, with local applications to the mouth; but this method very often failed; the disease, although mitigated for the moment, still went on more and more severely. I have used the bismuth and other metallic tonics following this course of medicine, without effect. About five years since I adopted a new method, which I have found more efficacious than any I had before pursued. As soon as the first symptoms of the disease appeared, I made a free and continued use of the following pills. *R.* Carb. ferri, grs. lxx; pulv. rhei et gum. aloes āā grs. xxv; pulv. ipecac. et sap. Hispan. āā grs. xii. *M.* ft. mass. divid. in pill No. 50. Two of these should be taken twice or three times a day, or often enough to keep the bowels *very open*. I have always observed that an artificial diarrhœa produced by them usually affords almost immediate relief, and often during the continuance of the disease, a spontaneous diarrhœa from any cause, relieves the mouth at once. These pills, accompanied with an astringent wash of the black-berry root, or the marsh rosemary, or a weak solution of nitrate of silver seldom failed to afford relief, so that I promised myself I had found *the specific*. But latterly, some cases have resisted this and every other mode of treatment, and I have had to wean the child, when the disease was cured at once and did not return again.

It is a very singular disease. Why it should exist only during gestation and lactation, is the question. That such is the fact, however, no physician here doubts for a moment.

ROCHESTER, June, 1840.